

DEPARTMENT OF HUMAN RESOURCES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY DISABILITY ASSISTANCE PROGRAM MANUAL	
APPLICATION AND INTERVIEW	Section 201	COMAR 07.03.05.04

201.1 Interview

- A. To qualify for TDAP, an individual must have a face-to-face interview with a case manager.
- B. If the customer is incapacitated or is unable to represent him or herself, the customer may appoint an authorized representative to assist on his or her behalf.
- C. The customer must submit all requested verification needed to determine eligibility.
- D. During the interview the case manager explains and gives to the individual information or material as described in 201.2 – 201.9 below.

201.2 Medical Evaluation – Medical Report form (DHR/FIA 500)

- A. The customer must provide, on the required State form, DHR/FIA 500, medical findings to support the application for assistance.
- B. Case managers must give a DHR/FIA 500 for each of the customer's treating providers and explain that a licensed physician, psychiatrist, psychologist, chiropractor, nurse practitioner, or licensed health practitioner must complete the form.
- C. The local department may:
 1. Contract with an entity to provide the necessary medical findings to verify the impairment if the applicant does not have Medical Assistance; and
 2. Require individuals applying in that local department, and as a condition of eligibility for assistance, to use that entity to provide those necessary medical findings.
- D. Individuals who are certified for MA based on **age only** must provide a DHR/FIA 500 that demonstrates a disability, since age is **not** considered a disability under TDAP regulations.
 - Such individuals must have a disability that is expected to last for 3 –11 months to meet eligibility for TDAP Type 1, Short Term TDAP, or a disability that is expected to last for 12 months or more or result in death to meet one of the eligibility requirements for TDAP Type 2, Long Term TDAP.

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201.3 Purchase Authorization and Invoice form (DHR/FIA 312)

- A. Give the customer the DHR/FIA 312 when the customer does not have the resources to obtain the necessary verification of impairment.
- B. Authorize payment to the health care provider completing the DHR/FIA 500.
- C. Payment may not exceed \$60 for an examination that is provided on a completed DHR/FIA 402B, and \$40 for testing when test results or other diagnostic evaluation are provided with the completed DHR/FIA 500, or date provided when results will be available (testing includes laboratory work).

201.4 Verification of Application for Social Security benefits

Inform customers with a DHR/FIA 500 indicating they are unable to work and will be disabled for 12 months or more, or if less than 12 months the disability is expected to result in death, of the requirement to apply for SSI benefits. Let them know that SSI benefits are much higher than TDAP and it is to their advantage to apply. Also advise the customer to cooperate with the federal disability application assistance vendor when they contact him or her offering to assist with the SSI application.

- A. Acceptable verifications include:
 1. A receipt from SSA showing the customer filed for SSI,
 2. A receipt showing the customer has an appointment to file for SSI benefits, or
 3. A pending SSI application date displayed on:
 - The State Data Exchange (SDX, Screen 1);
 - The State On-Line Query System (SOLQ, Response Screen 5), or
 - The State Verification and Exchange System (SVES)

Reminder: Do not send customers to SSA unless claim status cannot be verified by accessing the above systems.

- B. If the customer has filed a claim with SSA, SVES or SDX shows an application filing date, a date indicating when the customer filed an appeal, or whether a decision is pending.
- C. SDX or SVES also provides information about the Interim Assistance Reimbursement or IAR:
 - In SDX, check screen 2 for the **IAR** code,
 - In SVES, check screen 6 for the **IAR Reimbursement** code.
- D. Below is a listing for the meaning of the number codes for the **IAR** and **IAR Reimbursement** fields in SDX and SVES:

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- 0 = Essential person record. Applicant did not authorize reimbursement
- 1 = Total payment amount which is being sent or was sent to a locality. It is not possible to determine from the data provided which payment was sent to the locality
- 2 = Part of the payment amount that is being or was sent to the locality. It is not possible to determine from the data provided which payment was sent to the locality
- 3 = Reimbursement is not being made. Applicant is ineligible, or a retroactive payment is not due
- 4 = Reimbursable assistance case is pending or denied
- 5 = Reimbursable check was returned

Note: When a number from 1 to 5 is entered, do not have the customer sign a new Interim Assistance Reimbursement form, DHR/FIA 340.

E. When a **0** is entered, complete the DHR/FIA 340, have the customer sign and date the 340, then:

- Give the **Goldenrod** copy to the customer,
- Batch the **Yellow** copy to your LDSS finance office,
- Retain the **Pink** and **White** copy in the **permanent** section of the case record, and
- Enter the date the customer **signed** the 340 form in the IAR date field on the DEM2 screen.
- Scan the completed IAR 340 form into ECMS.

Note: The 340 form is sent to SSA via a system download. Do not send a copy to SSA.

201.5 Authorization for Interim Assistance Reimbursement (IAR) DHR/FIA 340 form.

- A. For customers with a DHR/FIA 500 indicating a disability of 12 months or more or, if less than 12 months is expected to result in death, to be eligible for TDAP he or she must agree to reimburse the State for any TDAP Assistance received.
- B. Explain to the customer when determined eligible for SSI benefits, this agreement authorizes the Commissioner of the Social Security Administration to send to the State:
- The first retroactive payment of SSI benefits, or
 - An amount equal to the amount of reimbursable TDAP benefits the State paid to the individual.

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- Remember, this IAR form is in effect until SSA makes the final SSI determination. To be sure that the state is reimbursed for the full amount of TDAP the SSI eligible customer receives, do not complete another 340 form at redetermination.

201.6 Federal Disability Benefit Application Assistance Service

1. Customers must cooperate with MAXIMUS, the vendor who provides assistance to long term disabled (LTD) customers (TCA, PAA and TDAP) with applying for and obtaining Federal disability benefits.
 - MAXIMUS works under a pay-for-performance contract called the Disability Benefits Advocacy Project to assist FIA's LTD customers in their pursuit of Federal disability benefits from the Social Security Administration (SSA). The project is managed by FIA's Bureau of Disability Services Operations (BDSO).
2. The contractor screens each customer to determine whether the medical conditions meet the disability eligibility criteria for Federal benefits. MAXIMUS provides direct service to customers who need to file claims, to appeal denied claims and to obtain medical evidence to substantiate their claims.
 - 1) FIA's Bureau of Disability Operations (BDSO) sends MAXIMUS lists of TDAP customers who have been coded as LTD in CARES.
 - 2) MAXIMUS reaches out to the customer directly to obtain required information, screen the medical evidence and provide services.
 - 3) Results from the screenings – including “whereabouts unknown,” “non-cooperative,” “already receiving federal benefits,” etc. – are reported to BDSO weekly. Any notes or evidence related to the review findings or actions taken by the contractor are scanned into ECMS into the State Review Team folder.
 - 4) Monthly, each district office receives a **DISABILITY GENERATOR V** file in its PIRAMID folder with the results of the contractor's reviews and specific actions to take.
 - 5) Case managers must take the appropriate action. For non-cooperative customers, close the case using code 566 after 10 days adverse action, for not cooperating with MAXIMUS.

201.7 SSI/SSDI Outreach, Access, and Recovery (SOAR)

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a federal initiative that expedites and improves access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for individuals experiencing homelessness or at risk of homelessness and diagnosed with a mental illness, medical impairment and/or co-

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occurring disorder. Although this program is not a FIA-administered program (it is funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), some community-based organizations in Maryland participate by helping these SSI/SSDI applicants navigate the complex and difficult application process.

1. A case manager at a local department of social services (LDSS) will view and handle an application, interim change or redetermination from someone working with SOAR as he or she would any request from someone who has a disability with a few additions:
 - (a) Ask the TDAP applicant or customer if a community organization is helping him or her apply for SSI or SSDI.
 - (b) If the applicant or customer is working with a SOAR case manager at a community organization, ask him or her to bring in a SOAR Consent for Release of Information form from the community organization. This form authorizes SOAR to release information regarding the SSI/SSDI application to the local department.
 - (c) Help the customer obtain the form, if it is difficult for him or her to get it.
2. Complete the Interim Assistance Reimbursement (IAR) process as you would for any applicant who is applying for SSI, having the applicant sign the IAR form if he or she has not already signed it. The date of the IAR is the date of the TDAP or PAA application.
3. The SOAR Consent for Release of Information is acceptable proof that SSI was applied for and that the applicant or recipient is working with a SOAR case manager until the SSI application can be verified on SVES, SDX or SOLQ.
 - As with many systems, updates to Social Security Administration records are not always immediate.
 - When a customer submits a SOAR consent form but there is no record of an application in the SSA system, the case manager must set a 60-day alert in the customer's case as a note to follow-up to ensure the customer has followed through with SOAR and his or her SSI application is at SSA.
 - Do not submit SOAR applicants to the disability assistance program at MAXIMUS.

201.8 Medical Assistance

- A. Applicants approved for TDAP who are not yet eligible for MA should be helped immediately to apply for MA on the Maryland Health Connection.

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- B. Under the Modified Adjusted Gross Income (MAGI) rules in Medicaid, eligibility is based on income (under 138% of the Federal Poverty Level) and single adults no longer must be disabled to receive MA.
- C. Recipients can choose a Managed Care Organization (MCO).

201.9 Rehabilitation Requirements

- A. As a condition of eligibility for benefits, the local department may require that the individual:
 - 1. Participate in appropriate medical treatment as determined by the local department, consistent with the medical findings on the medical report form (DHR/FIA 500), or
 - 2. Participate in screening for substance abuse by a certified addictions specialist to:
 - a) Determine the need for substance abuse treatment; and
 - b) If found to be in need of substance abuse treatment to participate in appropriate treatment when available.
- B. Inform the customer that failure to comply with these requirements without good cause will result in denial or termination of benefits (See Section 700.7).

201.10 Request for Information to Verify Eligibility form (DHR/FIA 1052)

The form is used to list the additional information that is needed to determine the individual's eligibility.

- A. Explain, complete, review, and give the form to the individual with a date the additional verification and or information should be returned.
- B. Explain the importance of timely return of the required verifications.

201.11 Required Verifications

- A. Citizenship status,
- B. Social Security number (SSN),
 - Use the State Data Exchange (SDX), State Verification Eligibility System (SVES), or State On-Line Query (SOLQ) to verify the individual's SSN, or
 - When the customer does not have an SSN, have the individual apply for one and provide a receipt from SSA verifying the application.
- C. Resources and/or assets reported by the customer or that become known to the local department,
- D. Social Security application status for long term disabled applicants,
- E. Income, including gross income of a spouse or sponsor, and

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F. Any information that is unclear or questionable.